

DECLARATION OF PATERNAL INTEREST REVOCATION

Use of form: Completion of this form is voluntary. S. 48.025, Wis. Stats. provides for filing a Declaration.

Instructions: Mail the completed form to the Division of Children and Family Services, Bureau of Programs and Policies, P.O. Box 8916, Madison, WI 53708-8916.

PERSON SUBMITTING REVOCATION

Name (Last, First, MI)

Address (Street, City, State, Zip Code)

I filed a Declaration of Paternal Interest on or about _____ for the child identified below. I hereby revoke that Declaration.
(mm/dd/yyyy)

To the best of my knowledge and belief:

- ☐ I am not the father of the child identified below.
☐ Another person has been adjudicated the father of the child identified below.

CHILD

Name (Last, First, MI)

Birthdate (mm/dd/yyyy)

Expected Birthdate (mm/dd/yyyy)

Gender: ☐ Male ☐ Female ☐ Unknown

MOTHER

Name (Last, First, MI)

Last Known Address (Street, City, State, Zip Code)

SIGNATURE – Person Submitting Declaration

Date Signed

State of _____

County of _____

Signed and sworn to (or affirmed) before me on _____ by
(mm/dd/yyyy)

Name – Person Making Statement

SIGNATURE – Notary

My commission expires _____
(mm/dd/yyyy)

If the person revoking the Declaration is under the age of 18, a parent or guardian of the declarant must also sign.

SIGNATURE – Parent / Guardian

Distribution: Electronic form: Original plus 1 copy to DCFS at the address listed in "Instructions" and retain a copy for your files.
Paper ply form: Submit the original and yellow copy to DCFS at the address listed in "Instructions" and retain the pink copy for your records.